Medicaid & CHIP
Ohio

Section A. Verification Procedures for Factors of Eligibility

-	Section A. Ver	ification Proced	iures for Facto	or cligibility				
Eligibility Factor	Self- Attestation Accepted without Additional Verification (Y/N)	Self- Attestation Accepted with Post-Eligibility Verification (Y/N)	II)ata Source	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for a Reasonable Explanation from the Individual (Y/N)	Paper Documentation Required from the Individual (Y/N)	Comments
Income*	NO	NO	YES	Both are above, at or below the applicable income standard.  Other (Specify in Comments)	5%	NO	YES	All income will be verified before enrollment. Where possible, electronic data sources will be used for real-time matches at time of application. If individual attests to income above the income standard and data source shows below, we will take their attestation and screen for APTC/CSR eligibility. If individual's attestation and electronic verification are both below the applicable standard, the attestation is accepted. If individual attests to income below the applicable standard and the data source shows income above the applicable income standard, income will be considered reasonably compatible if the difference between the attested income and electronic data verifications are within an amount less than or equal to 5% of 100% FPL for a family of one. If the difference in income exceeds this threshold, manual verification will be requested and the actual (verified) income will be used in the eligibility determination. If verification is not provided after a second request, the application would be denied for failure to cooperate by providing verifications. SSA, child support, worker compensation, and unemployment compensation data matches are used at time of application.
Residency	YES	NO	NO	N/A	N/A	NO	NO	The state accepts self-attestation without additional verification. If the state receives conflicting information they will follow-up with verification, including paper if necessary.
Age (Date of Birth)	YES	NO	NO	N/A	N/A	NO	NO	Self-attestation will be accepted unless available data conflicts with the attestation, and affects eligibility, which would require follow-up and paper documentation if necessary.
Social Security Number **	NO	NO	YES	N/A	N/A	N/A	YES	
Citizenship **	NO	NO	YES	N/A	N/A	N/A	YES	
Immigration Status **	NO	NO	YES	N/A	N/A	N/A	YES	

Eligibility Factor	Self- Attestation Accepted without Additional Verification (Y/N)	Self- Attestation Accepted with Post-Eligibility Verification (Y/N)	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for a Reasonable Explanation from the Individual (Y/N)	Paper Documentation Required from the Individual (Y/N)	Comments
Household Composition	YES	NO	NO	No individual applying for benefits as a member of this household is receiving benefits or child support at another address or as part of another household. Only two individuals claiming parent status for one child, and only one unless both live at same address; caretaker relative status only if no one is claiming parent status for the same child.	N/A	YES		Self-attestation will be accepted unless available data from previous applications or other existing cases is not reasonably compatible with the attestation. In such cases, Ohio will ask for a reasonable explanation, additional information, or manual documentation if necessary. For attestation of multiple fetus resulting in a larger household size, medical verification of fetus count is required.
Pregnancy ***	YES	NO	NO	Individual is not male; is not under age 9, or age 65 or older; and is not attesting to same pregnancy for longer than 10 months.	N/A	YES	VEC	As required by federal guidance, self-attestation will be accepted unless information on the application or available data conflicts with the attestation. In such cases, we will ask for a reasonable explanation or paper documentation if necessary.
Caretaker Relative	YES	NO	NO	No individual applying for benefits as a member of this household is receiving benefits or child support at another address or as part of another household. Only two individuals claiming parent status, and only one unless both live at same address; caretaker relative status only if no one is claiming parent status for the same child; no two individuals (unless they are married) claiming to be caretaker relative of the same child.	N/A	YES		Self-attestation will be accepted unless available data from previous applications or other existing cases is not reasonably compatible with the attestation. In such cases, Ohio will ask for a reasonable explanation, additional information, or manual documentation if necessary.

Eligibility Factor	Self- Attestation Accepted without Additional Verification (Y/N)	Self- Attestation Accepted with Post-Eligibility Verification (Y/N)	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for a Reasonable Explanation from the Individual (Y/N)	Paper Documentation Required from the Individual (Y/N)	Comments
Medicare	NO	NO	YES	N/A	N/A	NO	YES	Only request paper documentation if information from data source is inconsistent with attestation.
Application for Other Benefits	YES	NO	YES	N/A	N/A	NO	YES	Differs from initial application to renewal. At initial application, attestation of application for other benefits is accepted if it is not directly contradicted by positive information that no such application is on file. At renewal, continued attestation that application was made and is still pending unless data sources do not indicate receipt of benefits. In such cases we would ask for paper documentation. Additional data sources will be added over time.
Other: (Please describe any other eligibility factors in the space below)								
Former foster care status	NO	NO	YES	N/A	N/A	NO	YES	If not previously verified as a foster child on the date the individual aged out of foster care, manual verification is provided by the children's services worker.

<sup>\*</sup> States must check electronic data sources determined useful to verify income in accordance with 42 CFR 435.948 but can be done post-enrollment. If the information obtained from electronic data sources and the information provided by or on behalf of the individual are both above, at or below the applicable income standard, the State must determine the applicant eligible or ineligible for Medicaid/CHIP. (NOTE: this option is prepopulated for the state and is not an option that can be changed).

<sup>\*\*</sup> States must follow statute, regulations, and guidance for verification of SSN, citizenship and immigration status including obtaining such information through the federal data services hub if available.

<sup>\*\*\*</sup> States must accept self-attestation of pregnancy unless they have information that is not reasonably compatible with such attestation.

# MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both) Medicaid & CHIP

State: Ohio

Section B1. Use of Electronic Data Sources

## Financial:

Financial:												
Electronic Data Source	Determined Useful (Y/N) <sup>1</sup>	Accuracy Considered (Y/N)	Timeliness Considered (Y/N)	Ability to Access Considered (Y/N)	Age of Data Considered (Y/N)	Comprehensive Considered (Y/N)	Other Criteria Used (Y/N) (Please Describe in Comments section)	Data Source Used at Applicati on (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollment (Y/N)	If Data Source Used for Post- Enrollment - Frequency Used (e.g. monthly, quarterly)	Comments
Internal Revenue Service (IRS)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO	Other (specify in comments)	Hub income data will be used for verification purposes wherever possible, but the actual Hub income data will not be stored.
2. Social Security Administration (SSA) (SSI, Title II)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		
3. State Wage Information Collection Agency (SWICA)	YES	YES	YES	YES	YES	YES	NO	NO	NO	NO		SWICA data will be used as soon as the interface is available. Projected date is 01/01/14. We will update the Verification Plan at that time.
4. State Unemployment Compensation	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Other (specify in comments)	Unemployment data will be used "post-enrollment" to generate alerts of potential changes in income.
5. State Administered Supplementary Payment Program	NO	NO	YES	YES	YES	YES	NO	NO	NO	NO		Means-tested benefits do not count as income under MAGI budgeting rules, and income budgeting for this program is not based on MAGI rules.
6. State General Assistance Programs	NO	NO	YES	NO	NO	YES	NO	NO	NO	NO		Means-tested benefits do not count as income under MAGI budgeting rules, and income budgeting for this program is not based on MAGI rules.
7. Supplemental Nutrition Assistance Program (SNAP)	NO	NO	YES	YES	YES	YES	NO	NO	NO	NO		Means-tested benefits do not count as income under MAGI budgeting rules, and income budgeting for this program is not based on MAGI rules.
8. Temporary Assistance for Needy Families (TANF)	NO	NO	YES	YES	YES	YES	NO	NO	NO	NO		Means-tested benefits do not count as income under MAGI budgeting rules, and income budgeting for this program is not based on MAGI rules.
9. Office of Child Support Enforcement (OCSE)	YES	YES	YES	YES	YES	YES	YES	NO	NO	NO		A child support interface is available for verification of income in our legacy non-MAGI eligibility system. This interface will be available in the new Integrated Eligibility System by the time non-MAGI cases are being determined in the new system. Projected date is 01/01/14. We will update the Verification Plan at that time.
10. State Income Tax	NO	NO	YES	YES	NO	NO	YES	NO	NO	NO		To our understanding, this data source is subject to the same limitations as IRS data as to timeliness and usefulness.
11. Commercial database: (Pease describe any commercial databases in the space below)												
TALX/The Work Number	YES	YES	NO	YES	NO	NO	NO	YES	YES	NO		Workers use TALX (via phone, not through a computer interface) in counties where it may be of use. An interface to the Hubprovided TALX data is planned, but CMS-released data shows low (or no) participation rates in many Ohio counties.
12. Other: (Please describe any additional electronic data sources in the space below)												
PARIS	YES	YES	NO	YES	YES	YES	NO	NO	YES	YES	Quarterly	PARIS data will be used to generate alerts suggesting a change in income, and will be available as an electronic verification at renewal.
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<sup>1.</sup> The state marked any criterion YES if they were considered in determining the usefulness of the electronic data source; however, the determination of whether the data source was useful/not useful did not rest solely on these criteria.

# MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both) Medicaid & CHIP

State: Ohio

# Section B2. Use of Electronic Data Sources

# Non-Financial:

Non-Financial:																	
Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Applicatio n (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollme nt (Y/N)	If Used for Post- Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
Social Security     Administration     (SSA)	YES	YES	YES	NO	NO	NO	NO	NO	NO	YES	YES	NO	YES	YES	YES	(specify in	IEVS and Bendex Data feed currently received daily for post-enrollment alerts regarding changes.
2. Department of Homeland Security (DHS) - SAVE	YES	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO		
3. Vital Statistics	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO		Paternity lead for medical child support once interface is available. Projected date is 01/01/14. We will update the Verification Plan at that time.
4. Department of Motor Vehicles (DMV)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Data interface will not be available at go-live, and there is no firm date for availability.
5. Temporary Assistance for Needy Families (TANF)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		TANF program eligibility is not determinative of MAGI-based Medicaid eligibility. No interface is planned between the new Integrated Eligiblity system and the legacy CRISe system, which continues to house SNAP and TANF until they migrate to the new integrated eligibility system.

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Applicatio n (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollme nt (Y/N)	If Used for Post- Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
6. Supplemental Nutrition Assistance Program (SNAP)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		SNAP program eligibility is not determinative of MAGI-based Medicaid eligibility. No interface is planned between the new Integrated Eligiblity system and the legacy CRISe system, which continues to house SNAP and TANF until they migrate to the new integrated eligibility system.
7. Office of Child Support Enforcement	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Data interface will not be available at go-live.
8. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Ohio does not have a state GA program.
9. Women, Infants and Children Program (WIC)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		WIC program eligibility is not determinative of MAGI-based Medicaid eligibility. No interface is currently planned between the new Integrated Eligiblity system and the WIC system.
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		,
11. Commercial database: (Please describe any commercial databases in the space below)																	

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Applicatio n (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollme nt (Y/N)	If Used for Post- Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
13. Other: (Please describe additional electronic data sources in the space provided below)																	
12. PARIS*	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	YES	YES	Quarterly	Receipt of benefits in another state; Interface will be used to generate alerts regarding potential changes.
Incarceration	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	YES	YES	Quarterly	Confinement status

<sup>\*</sup> Under 42 CFR 435.945(d), all State Medicaid eligibility systems must conduct a match with PARIS for Interstate benefit information. If used for other purposes, please indicate in Section D.

# MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both) Medicaid & CHIP

State: Ohio

# Section C . Additional Factors of Eligibility for Separate CHIP

Eligibility Factor	Self- Attestation Accepted without Additional Verification	Self- Attestation Accepted with Post- Enrollment Verification	Electronic Data Source Used (Y/N) If Yes, please describe in comments	Paper Documentatio n Required from the Individual (Y/N)	Non- Applicabl e (N/A)	
1. Applicant does not have other coverage	YES	NO	NO	NO	Must be Applied	Ohio does not have a separate CHIP program; there is only Medicaid and the Medicaid expansion, which uses the same rules and processes to determine if an individual is eligible or ineligible for health coverage (Medicaid and CHIP).
2. Applicant does not have access to affordable ESI					N/A	
3. When child has had coverage (as applicable to states' waiting period)					N/A	
4. Access to public employee coverage					N/A	
5a. Waiting period exception #1 (describe):					N/A	
5b. Waiting period exception #2 (describe):					N/A	

	Self-	Self-	Electronic	Paper		
	Attestation	Attestation	Data Source	Documentatio	Non-	
Eligibility Factor	Accepted	Accepted with	Used (Y/N)	n Required	Applicabl	Comments
,	without	Post-	If Yes, please	from the	e (N/A)	
	Additional	Enrollment	describe in	Individual	, , ,	
	Verification	Verification	comments	(Y/N)		
5c. Waiting period exception					N/A	
#3 (describe):					14//	
5d. Waiting period exception					N/A	
#4 (describe):					14/71	
5e. Waiting period exception					N/A	
#5 (describe):					IN/A	
5f. Waiting period exception					N/A	
#6 (describe):					IN/A	
5g. Waiting period exception					N/A	
#7 (describe):					IN/A	
5h. Waiting period exception					N/A	
#8 (describe):					IN/A	
5i. Waiting period exception					N1 / A	
#9 (describe):					N/A	
5j. Waiting period exception					N1 / A	
#10 (describe):					N/A	
6. Other eligibility factors or						
exceptions to eligibility						
factors: (Please describe in the						
space provided below)						

# MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both) State:

Medicaid & CHIP
Ohio

Section D. Additional Verification Questions

	Question	Response
1	If paper documentation is required when a data source is not available or the information obtained from a data source is not reasonably compatible with the information provided by or on behalf of the individual, briefly describe how the state determined that establishing and using an electronic data source was not effective, considering such factors as cost and program integrity in accordance with 42 CFR 435.952(c):	Where the state has found that use of an electronic data source (from existing or new sources) is effective, it will be used. Manual documentation is requested when there is an inconsistency between the electronic data and the attestation. Accepting self-attestion for many factors and using all available data sources and requesting explanation before paper documenation in many cases. Paper is the last resort.
2	Please describe how the state uses PARIS?	Ohio uses PARIS as a an ongoing lead for potential changes in income of veterans and federal (military, retiree, and pension) income, as well as a posteligibility check for concurrent benefits received in another state while the individual is enrolled in Ohio Medicaid.
3	Please indicate (YES) or (NO) if the State intends to request Secretarial approval to solely use alternative data sources for financial verification other than those listed in 42 CFR 435.948 (Numbers 1-8 in Section B-1).	NO
	If (YES), please submit a letter to CMS requesting such approval describing how the the state meets the following requirements:  1) Reduces administrative costs and burdens on both individuals and the State,  2) Maximizes accuracy and minimizes delay,  3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and  4) Promotes coordination with other insurance affordability programs.	

	Question	Response
4	Please indicate (YES) or (NO) if the State intends to request Secretarial approval to use a mechanism other than the federal data services hub for information that is available through the hub.	NO
	If (YES), please submit a letter to CMS requesting such approval describing how the the state meets the following requirements:  1) Reduces administrative costs and burdens on both individuals and the State,  2) Maximizes accuracy and minimizes delay,  3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and  4) Promotes coordination with other insurance affordability programs.	
5	Describe any additional MAGI-based eligibility verification policies and procedures that have not been covered in this verification plan (optional):	

## Section A. Additional Comments

- \* Even where Ohio indicates that self-attestation will be accepted, if the state recieves or is made aware of information that is inconsistent with the attestation, the state will request additional information from the individual.
- \* For the reasonable compatibility standard for any eligibility criteria, "available electronic data" includes all electronic data currently available or newly available to Ohio Medicaid as well as any information provided by any data match used to verify other eligibility criteria.
- \* Error and consumer fraud rules continue to apply.
- \* Where the plan asks if Ohio will ask for "Paper Documentation", Ohio's response indicates an intent to request "manual" verification, which may come in an electronic form rather than hard copy.
- \* Ohio anticipates updating portions of the Verification Plan as additional data match interfaces are designed, built, implemented and improved over time.
- \* On the drop-down list for selecting the program(s) following this Verification Plan, Ohio selected "Medicaid & CHIP" because there was not a more accurate "Medicaid (CHIP Expansion)" option.

## Section B1. Additional Comments

In section B1, Ohio complied with the instructions and responded yes or no based on whether we believed a data source provided accurate, timely, comprehensive data, rather than answering the question asked by the label (whether Ohio considered the accuracy, timeliness, and comprehensiveness of the data source).

## Section B2. Additional Comments

#### Section C. Additional Comments